

<b>Claimant's Name</b> Bob Clark			<b>SSN or Employee ID Number</b> (on file)		<b>Department</b> Office of Real Estate Appraisers	
<b>Position</b> Director		<b>CC/ID Number</b> Exempt	<b>Division or Bureau</b> Executive Office			<b>Index Number</b>
<b>Residence Address</b> (on file)			<b>Headquarters Address</b> 1102 Q Street, Suite 4100			<b>Telephone Number</b> (on file)
<b>City</b> (on file)	<b>State</b>	<b>Zip Code</b>	<b>City</b> Sacramento	<b>State</b> CA	<b>Zip Code</b> 95811	

[illegible]**CLAIM TOTAL**

**800.12**

Purpose of Trip, Remarks and Details:

(Attach receipts, vouchers when required)

Normal Work Hours	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
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63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

**4/02/09 - 4/06/09: Association of Appraiser Regulatory Officials conference in New Orleans, Louisiana.**

8:00 AM - 5:00 PM

Private Vehicle License Number

(on file)

<b>Mileage Rate Claimed</b>	
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0.505

**AGENCY ACCOUNTING OFFICE  
USE ONLY**

I HEREBY CERTIFY That the above is a true statement of travel expenses incurred by me in accordance with DPA rules in the service of the state of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements ascribed by SAM Sections 0751, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

Paid by Revolving Fund Check Number

**Claimant's signature**

**Date**

**Signature of Officer Approving Travel and Payment**

Date \_\_\_\_\_

Signature and Title of Authority for Special Expenses (see item 17 on reverse)

Date \_\_\_\_\_

**TRAVEL EXPENSE CLAIM (STD 262) – RECEIPTS**

**(Bob Clark - April, 2009 - Out of State)**

\*\*\*\*\*+\*\*\*\*\*

RECEIPT

\*\*\*\*\*+\*\*\*\*\*



AIRPORT SHUTTLE INC.  
FOR RESERVATIONS CALL  
48 HOURS IN ADVANCE:  
\*\*\* 504-522-3500 \*\*\*

\*\*\*\*\*+\*\*\*\*\*

RECEIPT

\*\*\*\*\*+\*\*\*\*\*

NON-REFUNDABLE  
NOT RESPONSIBLE FOR LOST  
OR STOLEN TICKETS

Confirmation #: 1443393  
04/02/09 03:45 PM  
margaret

TO/FROM:Chateau Bourbon  
800 Iberville

PAX: 1/0 FARE: \$30.00 (C\$)

CLARK,B.

1443393

ROUTE: 1

You are scheduled to be picked up  
at the: Chateau Bourbon  
Your confirmation number is:  
1443394

\* Airport Shuttle New Orleans  
will not be responsible or liable  
for:  
\* Lost, Stolen or damaged items  
and baggage or vehicles parked at  
any of our locations. Acts of God  
or nature, delays in traffic or  
flight plans

DON T FORGET TO VISIT US ONLINE AT  
[www.airportshuttleneworleans.com](http://www.airportshuttleneworleans.com)



# CHATEAU BOURBON

A Wyndham Historic Hotel

Chateau Bourbon A Wyndham Historic Hotel  
800 Iberville Street  
New Orleans, LA 70112  
PH: (504) 586-0800 Fax: (504) 586-1987

## INFORMATION INVOICE

Arrival : 04-02-09  
Departure : 04-06-09  
Company Name :  
**Robert Clark**  
**US**

Folio / Invoice # : 72150 /  
Reference # :  
Room No. : 0359  
Page No. : 1 of 1  
Membership No. :  
Conf. No. : 69909  
Cashier No. :  
A/R Number :

Date	Description	Reference	Charges	Credits
04-02-09	Room Charge		131.00	
04-02-09	Occ Tax - 13%		17.03	
04-02-09	Occ Tax - Flat		1.00	
04-03-09	Room Charge		131.00	
04-03-09	Occ Tax - 13%		17.03	
04-03-09	Occ Tax - Flat		1.00	
04-04-09	Room Charge		131.00	
04-04-09	Occ Tax - 13%		17.03	
04-04-09	Occ Tax - Flat		1.00	
04-05-09	Room Charge		131.00	
04-05-09	Occ Tax - 13%		17.03	
04-05-09	Occ Tax - Flat		1.00	
<b>Total</b>			<b>596.12</b>	<b>0.00</b>
<b>Balance</b>				<b>596.12</b>

Please contact the Manager about any issues with your stay. Wyndham Hotels and Resorts or affiliates may contact you about goods and services unless you call 888-946-4283 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wyndham Hotels and Resorts website about privacy.

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[illegible]**CLAIM TOTAL**

210.81

<b>Purpose of Trip, Remarks and Details:</b> <b>(Attach receipts, vouchers when required)</b>	<b>Normal Work Hours</b>  8:00 AM - 5:00 PM
<b>4/10/09 - 4/11/09: Monterey Bay Appraisal Seminar</b>	<b>Private Vehicle License Number</b>
	(on file)
	<b>Mileage Rate Claimed</b>
	0.505
	<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
I HEREBY CERTIFY That the above is a true statement of travel expenses incurred by me in accordance with DPA rules in the service of the state of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements asprescribed by SAM Sections 0751, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	<b>Paid by Revolving Fund Check Number</b>

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Claimant's signature	Date	Signature of Officer Approving Travel and Payment	Date
> Signature and Title of Authority for Special Expenses (see item 17 on reverse)		>	Date



Bob Clark

US

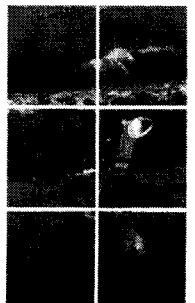
Folio No. : 35979  
Room No. : 317  
Conf. No. : 150210  
Arrival : 04-10-09  
Departure : 04-11-09  
Cashier No. : 14  
Page No. : 1 of 1

Group : Monterey Bay Appraisal Semi

Date	Description	Charges	Credits
04-10-09	Room Rental	139.99	
04-10-09	Room Tax 10.05%	14.07	
04-10-09	MCTID	1.00	
04-10-09	Energy Surcharge	7.75	
04-11-09	Discover Card		162.81
	XXXXXXXXXXXX7864 XX/XX		
Total		162.81	162.81
Balance:		0.00	

Signature: \_\_\_\_\_  
I authorize you to charge my credit card for the above charges. I have received all refunds due to me.

Best Western



BEACH RESORT  
Monterey